

**LIVING WAGE LAW**  
**NOTICE OF APPEAL**

Living Wage Law, Suffolk County Code Chapter 347 (2001)

<b>To Be Completed By Employer</b>
------------------------------------

**EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

The undersigned hereby gives notice of appeal regarding the decision transmitted to this office and dated \_\_\_\_\_ (date of notice) regarding our agency's inclusion under, or non-compliance with, the requirements of the Suffolk County *Living Wage* Law. Specifically, we appeal:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional documentation is / is not enclosed.**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Print Name & Title)**

Forward to: **Suffolk County Department of Labor**  
**Living Wage Unit**  
P.O. Box 1319  
Smithtown, NY 11787-0895